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PROTECTING THE RIGHT TO HEALTH OF PRISON POPULATION

Jasmina Dimitrieva
Assistant Professor, Faculty of Law, Goce Delchev University
E-mail: Jasmina.Dimitrieva@ugd.edu.mk, jasdim777@gmail.com

Abstract
Inadequate medical assistance to prisoners can lead to situations falling within the scope of "inhuman and degrading treatment," such treatment being prohibited under all major international human rights instruments. This article contributes towards heightened awareness about international and comparative systems for protection of the right to health of prison population. The used methodology encompasses legal and comparative analysis of international standards and of laws and practices of four European countries (Estonia, France, Slovenia and the UK). The research findings define the right to health of prisoners, based on the following indicators: prisoners' enjoyment of the right to health, access to prisoner's medical information and vulnerable prison populations. Functionally connected prison health care and health authorities enhance the enjoyment of the prisoners' right to health under equal conditions with general population. Prisoners have the right to confidentiality of medical record like the general population has. Prison authorities have a duty to care for vulnerable prison populations' health.

Key terms: *prisoners, the right to health, international standards*

1. Elaboration of the problem and methodology

Prison population, by definition belongs to vulnerable groups. It encompasses vulnerable sub-groups, such as juveniles, prisoners with mental health issues, AIDS/HIV positive, women, disabled and terminally ill prisoners. Research and statistics show a much higher number of persons belonging to this group who are drug addicts, infected with HIV or suffer from mental disorder in comparison to other population.[1]

Although states may be struggling with the budget allocations for the prisoners' health, it must not be forgotten that inadequate medical assistance can lead to situations falling within the scope of "inhuman and degrading treatment," which is prohibited under all major international human rights instruments. Protecting health rights of prison populations have a positive impact on the overall quality of their life. Prison and other health care personnel, play

[1] Fazel and others, The mental health of prisoners: a review of prevalence, adverse outcomes and interventions, Lancet Psychiatry. 2016 Sep; 3(9): 871–881.

an active role in the absolute prohibition of torture and ill treatment– a principle which has been set out in all major international human rights instruments.[2]

The purpose of this article is to shed light on the guarantees of the right to health of prison populations. Therefore, it explores international and European standards relevant for protection of the right to health of this vulnerable group. It also depicts European exemplary models and offers an outlook of the elements that must be put in place for effective protection of health of prisoners. In addition, a comparative overview provides positive examples of incorporation of international and European standards in national legislation and practice.

The methodology encompasses legal analysis of applicable international and European Standards. The right to health of prisoners was investigated based on the following indicators: the enjoyment of the right to health, access to prisoner's medical information and vulnerable prison populations. Relevant case-law of the European Court of Human Rights (ECtHR) has been examined in order to depict the elements relevant for effectively guaranteeing the health rights of prison population. In addition, a comparison between selected European countries' legislation and practices regarding prison health care services provided to prison population gives a multidimensional reflection of the incorporated standards in national legislation and their implementation. For this purpose the comparative analysis examines the health care systems of four European countries Estonia, France, Slovenia and UK. While France and UK were selected to show exemplary practices from long-standing democracies, Estonia's and Slovenia's models were analysed as models of transitory countries.

A desk review of CPT reports, relevant case-law of the European Court of Human Rights, legal and policy documents of the selected countries was accompanied with a literature review related to prison health system in Europe.

The research results warrant further research into integrating international standards and good practices from the European countries into Macedonian health care system for enhanced protection of the right to health of vulnerable prison population.

2. International and European standards for protection of the prisoners' right to health

The right to health is a universal human right.[3] This right is guaranteed regardless of the personal situation, i.e., if a person has been put in prison. International standards prohibit any discrimination in the provision of medical assistance, treatment and healthcare of the inmates belonging to prison populations. The right to health imposes a positive obligation on states to take measures to make the enjoyment of this right accessible to prison population, with no discrimination.

The right to health of prisoners has been guaranteed in a number of international and European human rights instruments, which among other include the UN Standard Minimum Rules for the Treatment of Prisoners (1955); the UN Body of Principles for the Protection of all Persons under any Form of Detention or Imprisonment (1988); the UN Standard Minimum Rules for the Administration of Juvenile Justice ("The Beijing Rules" 1985); European Prison Rules (Recommendation No. R(87)3 of the Committee of Ministers of the Council of Europe

[2] McColl and others, J R Soc Med. 2012 Nov; 105(11): 464–471.

[3] Article 25 in conjunction with Article 2 of the Universal Declaration of Human Rights, General Assembly Resolution 217, 1948.

1987); Standards of the Commission for Prevention of Torture (CPT) and the World Medical Association's Declaration of Tokyo (1975).

The states have consented to international standards regarding prison health care for strong reasons. First, prisoners deserve decent living conditions and adequate health care, which is comparable to health care offered to general population. Second, inadequate and belated medical assistance can lead to situations that fall within the scope of "inhuman and degrading treatment", which is absolutely prohibited by the major international human rights. Third, resocialization and reintegration of prisoners cannot be achieved without proper care for their health and well-being while incarcerated. Fourth, putting in place effective system for infective diseases' prevention and treatment in prisons lowers the risk of spreading infective diseases in the community.

2.1. Enjoyment of the right to health

According to international and European standards, the right to health can be effectively enjoyed by prison population, when there is no inter-dependency or subordination of health care professionals to prison officials, and when the national health care standards apply to prisoners. The principle of professional independence when translated into practical terms means that health care professionals should have unquestionable right to make independent clinical and ethical judgments, without improper outside interference. Health care professionals must also adhere to the principle of professional competence and non-discrimination. The principle of competence requires the same quality and standard of care that applies to the rest of the population. The application of the above principles helps safeguard the confidence of prisoners in the health care system. Patients' confidence is indispensable for a prospect of success of treatments against drug abuse or HIV.

For safeguarding professional independence and for providing better medical services, the CPT considers that health care personnel should be aligned as closely as possible with the health authorities, for the following reasons:

First, health professionals' duty to care and ethical considerations might collide with the considerations of prison management and security in prisons. Second, the quality and effectiveness of medical work must be assessed by a qualified medical authority. Third, the available resources, human resources and budgeting for medications and equipment should be managed by health authority, which possesses the required expertise, and not by the bodies responsible for security or administration. Forth, health authorities are in better position to assess the qualifications and training needs of health care personnel.

Health professionals must monitor the health condition of a prisoner put in a solitary confinement. They must inform the prison authorities if he or she has health problems. According to CPT standards, the solitary confinement should not exceed 14 days. It should be imposed under the principles of necessity, proportionality, legality and accountability.

In order to protect prisoners' health, at least 3000 calories must be served to a prisoner, with full observance of hygiene. Sick prisoners must obtain food adequate for their health condition.

Prisoners must give informed consent before being subjected to a medical examination, treatment or procedure, unless there are strong and compelling reasons to the contrary.

Last, but not least, in addition to effective and timely medical help, the prison health care service must ensure sufficient medical equipment, orthopedic aids, medical tests and access to sufficient medications.

However, the right to health does not only encompass medical assistance, but also the living environment, clear and proper sanitation, adequate food, air and sunlight, all of which contributes to a well-being of prisoners.

2.2. Access to prisoner's medical information

For confidentiality reasons, medical records must be completed in detailed manner and maintained only by doctors and nurses. They must be accessible only to authorised persons, for valid reasons, such as prevention of infectious diseases, or continuation of the treatment after prisoner has served his or her prison sentence. In the event of a transfer of a prisoner, his medical record is forwarded to the doctors in the receiving establishment. Medical record must be made available to the prisoner and his lawyer for further procedures, investigations, as well as for further medical treatments. All medical records must be kept in accordance with the international classification of diseases (ICD).

Infectious diseases require keeping appropriate information in prisoner's medical record. It should contain data about when the prisoner contracted the disease, when he or she started the treatment, places where the infected person stayed, his or her routines and contacts with other persons for at least three weeks before the disease was detected.

Health care personnel is also under a duty to compile periodic statistics concerning infective diseases, drug users and mental health issues for the attention of prison management, the Ministry of Justice and the Ministry of Health. The above data are used to prepare and implement prevention strategies regarding infective disease, mental problems etc., and health care programmes in prisons.

2.3. Vulnerable prison populations

2.3.1. Infectious diseases

Vulnerable prison population suffers much more from infective diseases, especially hepatitis B and C, HIV/AIDS, tuberculosis and skin diseases in comparison to general population. Blood transmittable diseases like viral hepatitis are transmitted through piercing, tattoo, drug abuse, all which happens in prison. Tuberculosis easily spreads out in overcrowded cells with no ventilation and sunlight.

Health professionals must monitor and make sure that material conditions do not contribute to the spreading infectious diseases. Even if a sick prisoner is put in quarantine, as long as the source of infection is out there due to, for example, poor hygienic conditions, overcrowding or a lack of fresh air, the infection will continue to spread. Therefore, cleaning materials including hot water must be made available to prisoners. There should be proper ventilation, sunlight, access to fresh air and regular white out of prison cells; simple and inexpensive steps that if regularly undertaken by prison administration can help combat and prevent life-taking diseases.

Regarding prisoners affected with HIV/AIDS, health professionals should provide adequate counselling before and, if necessary, after any screening test. They should also educate

prison staff and prisoners about the preventive measures to be taken (e.g., the use of condoms that should be made available in prisons). Confidentiality requirement also applies regarding prisoners that are infected with HIV, in order to avoid their stigmatization. The CPT has emphasized that there was no medical justification for the segregation of prisoners affected with HIV, if they were well.

2.3.2. Life prisoners

Health care professionals must make risk assessments of life prisoners in order to determine the risk of self-injury or injury of other. Efforts must be put in order to avoid their segregation from the rest of inmates, or to limit its duration as much as possible. Life prisoners should be provided with various activities, human contact and freedom of movement within the unit, to the extent possible. Any psychological illnesses should be detected early and adequately treated.

2.3.3. Juveniles

Although it is considered that in some cases juveniles are better off when they are separated from their abusive families or dangerous company, prison or detention conditions must not do any harm to their health and general development. The juveniles must be immediately examined by a health care professional upon admission. They must be screened against drug abuse, suicidal tendencies and sexual abuse and educated about health risks. The juveniles must be able to approach medical unit on confidential basis. Juveniles should be provided with sufficient good quality food for their growth. According to CPT they should not be placed in large dormitories as that puts them at a higher risk of violence and abuse. If possible, overnight each juvenile should sleep alone in a cell. If solitary confinement for juveniles is allowed by law, it must not exceed three days, and must be accompanied with daily visits of health care staff.

2.3.4 Women Prisoners

The required equivalence of care means that health care professionals working with female prisoners must have specific training in women's health issues, including in gynecology. Female prisoners must be screened for diseases typical for this group of prisoners, such as breast or cervical cancer. Female prisoners who suffered physical, mental and sexual violence must be provided with adequate medical services. Furthermore, the specific hygiene needs of women should be adequately addressed.

3. Case – law of the European Court of Human Rights[4]

Article 3 of ECHR

"No one shall be subjected to torture or to inhuman or degrading treatment or punishment."

Article 3 of ECHR prohibits torture, humiliating and denigrating treatment. Denial of timely, professional and competent medical assistance to prisoners can breach the guarantees envisaged

[4] See also Prisoners' health rights file:///C:/Users/NC/Documents/Documents/prison,%20health/comparative%20research/FS_Prisoners_health_ENG.pdf accessed 12.6.2019.

in this article. Ill-treatment must attain a minimum level of severity depending on the particular circumstances of the case to fall within a scope of Article 3.[5]

3.1. Enjoyment of the right to health

In two cases against France, the ECtHR established a breach of Article 3 of ECHR in connection with health rights. In Mouisel[6] the applicant (a prisoner) who was suffering from cancer was not transferred to an appropriate medical facility, but was handcuffed during transportation to hospital and allegedly chained to bed during chemotherapy. In Henaf[7] an elderly and sick prisoner with a psychological disorder was handcuffed in bed before operation in police presence, which was considered disproportionate to the security requirements by the ECtHR.

In the Ghavtadze v. Georgia[8] ECtHR could not establish with certainty whether or not the applicant contracted hepatitis C in prison, as alleged by him. However, it found a breach of Article 3 on the account of a failure to provide the applicant with appropriate treatment and medications for tuberculosis and hepatitis C, which made the disease chronic and deteriorated his health.

In the cases V.D. v. Romania[9] where the applicant was almost toothless and had no means to pay for dental services while in prison, and in two cases against Russia - Vasilyev[10] and Slyusarev[11] where the State failed to provide the prisoners with adequate orthopedic footwear or glasses in good time, Article 3 of ECHR was also breached. The ECtHR found that a failure to provide prisoners with adequate orthopedic footwear or glasses had caused a distress and hardships for the applicants, and has thus amounted to degrading treatment.

In the case Gülay Çetin v. Turkey[12] which concerned a terminally ill prisoners whose requests for release were rejected, a violation of Article 3 was found. The ECtHR considered that prolonged imprisonment of the applicant with advanced cancer, who was kept in poor material conditions that adversely affected her health, amounted to inhuman and degrading treatment.

3.2. Access to prisoner's medical information

In the Keenan case[13], a mentally-ill prisoner committed a suicide in the prison segregation unit. His fitness for the placement in the segregation unit was certified by a prison doctor. The ECtHR did not establish a breach of Article 2 of ECHR as the applicant's medical record did not contain information about his mental illness and, therefore the authorities could not properly assess the risk of self-harm.

[5] Mikadzé v. Russie, Application no 52697/99.
[6] Application no. 67263/01.
[7] Application no. 65436/01.
[8] Application no 23204/07.
[9] Application no. 7078/02.
[10] Application no. 28370/05.
[11] Application no. 60333/00.
[12] Application no. 44084/1.
[13] Application no. 27229/95.

3.3. Vulnerable prison population

In Jashi v. Georgia[14] the Court found that, albeit the applicant started receiving treatment for his personality disorder, the diagnosis and the treatment came belatedly. ECtHR was especially concerned about an unjustified refusal to enforce a court order for his admission to a psychiatric hospital for a medical examination. Although the applicant had suicidal tendencies, which prison authorities were aware of, they failed to display vigilance and diminish the risk of suicide. In conclusion, ECtHR found a breach of Article 3 of ECHR, on the account of State's failure to provide timely and adequate health care for the applicant's mental health problems, while incarcerated.

In the Wilkinson case[15] the applicant who was suffering from mental illness (in addition to other diseases) was treated with antipsychotic medication against his will. The ECtHR did not find a violation of Article 3 of ECHR as medical necessity also included administering antipsychotic medication, imposed as part of a therapeutic regime in a manner that avoided causing harm. It was a decision of a national medical authority to decide about the treatment, taking into account the margin of appreciation.

Regarding adequate conditions of imprisonment for disabled prisoners, the European Court of Human Rights (ECtHR) deemed it inacceptable to use unskilled prisoners as assistance to seriously sick and disabled prisoners. In Farbtuhs v. Latvia[16], the applicant, who was severely disabled and 84 years of age (when sent to prison), complained, *inter alia*, about a lack of appropriate continuous medical assistance and supervision. In particular, although he was assisted during working hours by the prison health care personnel and from time to time by his family, for the reminder of the time he depended on his inmates' voluntary help for basic needs. The ECtHR found that this practice was incompatible with Article 3 of the ECHR. A similar conclusion was reached by the ECtHR in Semikhvostov v. Russia[17]. The judgment emphasised the positive obligation of the State to ensure adequate conditions of imprisonment for a wheelchair bound inmate with seriously deficient eye sight. The applicant alleged that, for example, he was unable to use the lavatory or get access to shower or medical unit without a help from the inmates who he had to compensate with money or cigarettes. The ECtHR considered that even if the inmates had helped the applicant voluntarily and free of charge that did not absolve the State from its obligations: "…to remove the environmental and attitudinal barriers which had seriously impeded [the applicant's] ability to participate in daily activities with the general prison population…".

Case of Kupczak v. Poland[18] concerned a paraplegic detainee who had a morphine tube implanted in his body as he suffered from a severe pain. However, for a certain period of time after his arrest, the morphine tube was not functional. Although he was receiving strong pain killers they were not sufficient to relieve his suffering. The ECtHR found that Mr Kupczak suffered inhuman and degrading treatment, contrary to Article 3, since he had not been provided with adequate medication for chronic back pain for about two years.

[14] Application no. 10799/06.
[15] Application no. 14659/02.
[16] Application no. 4672/02.
[17] Application no. 2689/12.
[18] Application no. 2627/09.

4. Comparative study

The study focuses on a comparison among legislation and practices of selected European countries: Estonia, France, Slovenia, and UK regarding the enjoyment of the right to health, access to medical information and vulnerable prison populations.

4.1. Enjoyment of the right to health

A short review of comparative practices of the United Kingdom and France discloses that they have transferred their health services under a direct competence of the health authorities in order to achieve equal health treatment, while Estonia and Slovenia gradually achieve this goal.

Since 1994, the French penitentiary health care services have been integrated into the public health care.[19] Public hospitals provide a health care in nearby prisons, by setting-up a consultation and outpatient service in each prison. Prisoners can receive can receive primary health care, medical examinations, dental care, screening for communicable diseases, specialist medical care and medications around the clock.[20] Prisoners are hospitalized in secured rooms in hospitals, or in units in interregional hospitals, where security is provided by prison staff. Medical teams visit at least twice per week persons who are put in a solitary confinement. All their visits are recorded. Health care professionals provide an opinion as to termination of the solitary confinement for health reasons. National Health Service performance monitoring systems extend to include prison health care.

The UK's model of integrated health care shows that prisons have medical centers with in-patient beds. There help is also provided to drug and alcohol addicts, and to prisoners who have contracted HIV/AIDS. Health care teams arrange for visits by specialists in prisons, or for medical treatments in public hospitals. Primary care is provided by general practitioners (at least one per prison), dentists, nurses, pharmacy staff, while secondary care is provided by psychiatrists, mental health nurses, psychologists and substance misuse nurses.[21]

Estonian model of health care in prisons is a part of the national health care system. Prisoners receive primary and secondary treatment in medical unit of the prisons. The prisoners are subjected to medical examination upon their arrival to check their health and if they are infected with tuberculosis, hepatitis and HIV. Emergency care is accessible around the clock. Prison health care personnel organises for the provision of specialized treatments outside prisons.

Health services provided by prisons' health care units in Slovenia encompass services of general practitioners, dentists, dermatologists, gynecologists, and psychiatrists. These medical several are provided to prisoners several days in a week or month. Medical staff that provides medical services in prisons is contracted through a public tender. Prisoners may be treated in special medical premises or secure department in one of the prisons as per recommendation of the doctor providing health care in prison and upon consent of the doctors in the receiving establishment. On medical grounds prisoners are placed in hospitals and medical centers outside

[19] Law on Public Health and Social Protection, 1994, consolidated 2016.
[20] International Centre for Prison Studies, Prison Health and Public Health: The integration of Prison Health Services Report from a conference (2004) part on France.
[21] Sauvé, Education and Training Framework for Staff Providing Healthcare in Prisons (2005) p. ii.

prisons. The gradual integration with the general public health system made doctors available to prisoners also during night shifts and weekends.

In all four examined models public funds are used to cover medical expenses for the treatment of prisoners. In France as a rule, prisoners are included in the public health security scheme, from the moment of their incarceration. The costs are covered by the central government, similarly to Estonia. In UK prisoners are offered free medical treatment upon approval of health care professionals. In 2003, the budget for health care in prisons was moved from the Prison Service to the National Health Service local bodies, within a transition period (3-5 years).[22] In Slovenia, prisoners adhere to the compulsory insurance against sickness and injury outside and during working hours and for occupational diseases. The insurance fees are paid out of the central government budget. Compulsory psychiatric treatment is also covered by the central government budget.

4.2. Access to prisoner's medical information

In UK, health examination is carried out upon prisoner's admission and his or her medical record is created. Medical records are confidential and accessible only to prison health care staff and to the patient, unless he /she consents to information sharing. Medical information, which is adequate for its purpose, may be shared with the National Health Service, social care agencies, adjudication panel, parole board and doctors following prisoner's release.[23] National database of medical records is maintained electronically.

In France, prison administration is under a legal duty to respect medical confidentiality of prisoners, including confidential medical consultations. Boxes where prisoners can easily deposit messages for prison health care service are installed in prisoners' areas. The boxes (in some prisons) are daily opened only by health care personnel. Electronic medical files are kept for each prisoner, which can only be accessed by the prison health care unit, specified health bodies and the prisoner. In case of transfer or release, medical information is transferred under the principle of confidentiality to ensure the continuity of medical treatments.

Providers of health care services and persons participating in the provision of health care services are also obliged to keep the confidentiality of medical information in Estonia and Slovenia. In the former, health care providers must ensure that information contained in medical documents does not become known to unauthorized persons unless otherwise prescribed by law or in agreement with the patient.[24] In Slovenia the medical record is available only to health care professionals, to independent supervisory bodies and to the Health Insurance Institute. Only general information about prisoner's health and disabilities is entered into prisons' database. The health care providers are connected by electronic network for easy transfer of medical data.

4.3. Vulnerable prison populations

In France, prisoners with mental illness have access to prison specialist health units. They can also be detained in a psychiatric hospital without their consent for legitimate medical

[22] International Centre for Prison Studies, Prison Health and Public Health: The integration of Prison Health Services Report from a conference (2004) part on UK.
[23] Guide on the protection and use of confidential health information in prisons and inter-agency sharing 1/2002.
[24] Law of Obligations Act (2001), § 768. Duty to maintain confidentiality.

reasons. In some prisons there are long-term programmes for treatment of substance abusers, or doctors may arrange a support from Narcotics Anonymous or Alcoholics Anonymous.[25] In Slovenia, drug users can be treated in an appropriate institution outside the prison, upon agreement of the prison director and in accordance with medical expert opinion.

In UK, monitoring systems are in place for blood borne virus infections in prisons.[26] The Prison Infection Prevention team and prison health care personnel cooperate for infectious diseases surveillance.[27] Prisoners who contract infectious diseases are isolated during the period of infection and receive a medical treatment. The standards to prevent, treat and report communicable diseases in prisons are issued by health authorities via Health Protection Services Prison Network.[28]

In Estonia, prisons provide adequate premises for pregnant prisoners and organise a child care. A mother and her child can live together in the prison until the child reaches the age of three, when requested by the mother, and upon a guardianship authority's consent. Afterwards, the prison service ensures that the ties of a mother with her child are kept unless that is not in the best interest of the child.[29]

The UK prisons have a disability liaison officer and available facilities for disabled prisoners. Disabled prisoners should not be placed in the prison's health care center, except for a justified reason. The health care team ensures the necessary assistance to disabled prisoners. In France, disabled prisoners may designate a person of their choice to help them with a daily routine. Prison authorities may oppose the choice of the helper for a legitimate reason. In Slovenia, prisons have specially adapted premises for prisoners with a disability.
France grants a compassionate release. Imprisonment can be suspended for prisoners whose state of health is seriously degraded by prison conditions, upon medical opinion and judicial order.

Conclusions

Prisoners have the right to health and must enjoy that right in all prisons on equal conditions with the general population. A lack of adequate and timely health care may constitute inhuman, or degrading treatment, or even torture, which is prohibited in absolute terms under Article 3 of ECHR.

The research findings show the desiderata for organizational and institutional set-up of prison health services. The prison health care must be functionally connected with the health administration of the particular country in order to provide independent, competent and timely health care to prisoners. Improved coordination between prison health care service and health administration will contribute towards equal and enhanced medical care and an enhanced use of medical resources.

Detailed and accurate medical information must be collected, kept and transferred if prisoner is transferred to another establishment. The confidentiality requirements is observed when access to medical information is limited to health care personnel and the prisoner.

[25] Sauvé, Education and Training Framework for Staff Providing Healthcare in Prisons (2005) pp. 45-50.
[26] UK, Prison Service Order, Continuity of Healthcare for Prisoners 3050/2006.
[27] Department of Health/Health Protection Agency, Health Protection in Prisons, Report 2009-2010.
[28] Standards for Health Protection Units in relation to Health Protection in Prisons, 2012.
[29] Imprisonment Act (2000), § 54.

However, prisoner's medical information can be shared if there is a justified reason, such as preventing epidemics or collecting data for research. Prisoners affected by HIV/AIDS, who are often stigmatized, also have the right their medical record to remain confidential.

From international standards and comparative analysis, it transpires that prison authorities have a duty to care for terminally ill, disabled and mentally ill prisoners. 1) Terminally ill prisoners must be provided with adequate palliative care. In case of inadequate imprisonment conditions they must be released. 2) Appropriate psychological assistance must be provided to mentally ill prisoners, free of charge. A risk of suicide must be also assessed and measures taken in good time to prevent self-harm. Life prisoners often suffer from mental illness, therefore they must be provided with timely and adequate psychological help. Their life must be also organised in a way that does not contribute to developing a mental illness. 3) It is necessary to have special arrangements in place for disabled prisoners. Special arrangements should include premises and toilets accessible to disabled prisoners, specially designated assistance around the clock and a prison officer responsible for the assistance of disabled prisoners. In addition to adequate and timely health care, prison health care service must ensure orthopaedic and other aids, as their denial may attain the threshold of severity of treatment prohibited under Article 3 of ECHR.

The failure to provide for hygienic specific needs of female prisoners can amount to degrading treatment prohibited under Article 3 of the ECHR Therefore, all provisions should be made to ensure protection of the health of female prisoners, also when they are mothers and have their child with them in prison.

In order to protect public health, prisons must have effective systems for infective diseases' prevention, monitoring and treatment. Such system is needed to prevent and stop spreading further infective diseases by prison wardens and staff, prisoners' visitors, or when prisoners are released from prison.

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